

# The Future of Medicaid

## *How the proposed Medicaid and SCHIP Waiver will help Washington state families*

The state of Washington furnishes health care for approximately 850,000 low-income residents every month - at a cost of more than \$7 billion during the current biennium. At least some of these funds could be saved and used more efficiently if the state had more flexibility to adapt Medicaid to our own circumstances, to match federal funds to the state's most pressing needs - and to give the state the authority to manage optional programs outside of Medicaid's current all-or-nothing structure.

That is why the Department of Social and Health Services is seeking an *1115 Demonstration* waiver from the federal government this fall. Under the waiver, DSHS will be able to better manage and design Medicaid programs, letting us meet the Legislature's commitment to the most vulnerable populations without sacrificing necessary coverage to other groups. For example, if the state were allowed to use unspent Children's Health Insurance Program (SCHIP) funds, money that must now be returned to the federal government each year, Washington would be better equipped to sustain coverage for low-income children and even expand coverage for their families.

Demonstration waivers are commonly sought by state programs to expand coverage to *categorical* population groups (children, families, elderly, etc.) or other new groups (adults without children). Unlike most other state's Medicaid reform waivers that have sought to expand coverage to new population groups, the *1115 Demonstration* waiver would request additional options, in accordance with the National Governors' Association (NGA) Medicaid Reform policy, to implement changes in its Medicaid program needed to sustain coverage for low-income residents.

This Web site includes explanations for how the waiver would work, as well as answers to frequently asked questions about the waiver, and even documents that help detail the choices available to the state under a more flexible Medicaid structure.